

# In this issue

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## DIABETES RISK WITH PCOS

As found in studies overseas, Australian women with polycystic ovary syndrome (PCOS) have increased rates of diabetes, with additional risk conferred by obesity, age, the metabolic syndrome and a positive family history, say Dabadghao et al (*page 328*). Among 372 South Australian women attending a reproductive endocrinology clinic for PCOS, 4% had diabetes and 15.6% had impaired glucose tolerance. All but one of the women were overweight or obese. Teede and Stuckey (*page 324*) say that the findings should prompt regular diabetes screening for women with PCOS. Insulin-sensitising drugs may have a role in prevention, and loss of as little as 5% body-weight can significantly delay the onset of diabetes in those who are prone to it.

## COOKING UP CHOLERA

If you like a good detective story, the public health investigation by Forssman et al (*page 345*) is worth a read. Three older women who presented to Sydney hospitals with cholera in late 2006 were seemingly unrelated to each other — until it was discovered that they had all prepared the same meal in the days before they became ill. The clue to the culprit is on our front cover.

## ACUPUNCTURE FOR ALLERGIC RHINITIS

Acupuncture is an effective treatment for adults with persistent allergic rhinitis, and the benefit persists for at least 3 months, say Xue et al (*page 337*). In a randomised trial, 80 people with a greater than 2-year history of nasal obstruction, rhinorrhoea, sneezing and nasal itch, and with positive skin prick tests to at least one pollen and one non-pollen allergen, received either real or sham acupuncture twice weekly for 8 weeks. Participants kept records of their rhinorrhoea, nasal obstruction, sneezing and nasal itch, which were combined to produce a total nasal symptom score (TNSS). At completion, patients who received acupuncture had significantly reduced rhinorrhoea and reductions in overall TNSS compared with the control group, although changes for the other component symptoms did not differ significantly between groups. Twelve weeks later, the improvement in overall TNSS persisted in the acupuncture group, with significant improvement from baseline in all four component symptoms. Previous studies in children and in adults with seasonal allergic rhinitis have shown similar benefits.

## WELLS SCORE AIDS PE DIAGNOSIS

An Australian study has confirmed the utility of the Wells score, a cumulative clinical risk score that can be calculated using the patient's clinical features for estimating the likelihood of pulmonary embolism (PE). Yap et al calculated Wells scores for 633 cases referred to a Melbourne hospital for ventilation/perfusion (V/Q) scintigraphy (*page 333*). There were 54 confirmed cases of PE, including five cases diagnosed by multidetector computed tomography after inconclusive V/Q scans. Wells scores of <2 were associated with a 4% risk of PE, scores of 2–6 with a 13% risk and scores of >6 with a 67% risk. In a linked editorial, McRae and Eikelboom note that patients with a low pre-test probability of PE may not require V/Q scanning, especially if D-dimer analysis is added into the equation (*page 325*).

## NEUROLOGICAL DAMAGE IN A NITROUS USER

The common party trick of inhaling nitrous oxide from whipped-cream bulbs had tragic consequences when taken to extremes by one young woman (Cartner et al, *page 366*). A little known and rare complication of heavy use is inhibition of the active form of vitamin B<sub>12</sub>, which, along with the patient's poor nutritional status, led to subacute combined degeneration of the spinal cord.



## DECA-DENT MISTAKE

Another sorry tale of drug misuse can be found in this issue's Letters (*page 370*). In separate incidents, two bodybuilders presented with severe extrapyramidal symptoms after self-injecting fluphenazine decanoate, a phenothiazine, mistakenly believing that it was an anabolic steroid. Neurologists and even (in one case) psychiatrists were called upon, before the true cause of the problem was identified.

*Dr Ruth Armstrong, MJA*

## ANOTHER TIME ... ANOTHER PLACE

From my Stanford days ... I had known that excessive bed rest gave rise to thromboembolic complications ... The death rate from thromboembolism was always much less at the County Hospital than it was at Stanford hospital ... When [the County Hospital patients] got up to go to the bathroom [they] dislodged only tiny clots from their veins and these did not harm them when they got to the lungs and were dissolved, while the wealthier patients [at Stanford] who remained in bed and formed large clots in their legs and pelvises suffered the major consequences of large pulmonary emboli.

*William Dock, 1984*